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CONFIRMATION NO. 1168

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## APPLICANTS

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\*\* CONTINUING DATA ..... *YES/All*

This appln claims benefit of 60/196,599 04/13/2000

\*\* FOREIGN APPLICATIONS ..... *No. No/All*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/17/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

## ADDRESS

26652

## TITLE

EQUALIZATION OF TRANSMIT DIVERSITY SPACE-TIME CODED SIGNALS

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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